

**MIAMI-DADE COUNTY TUITION REFUND PROGRAM  
TUITION REIMBURSEMENT CLAIM FORM  
ADMINISTRATIVE ORDER 7-4**



**Instructions to Employees:** Complete and submit this claim form to your Departmental Personnel Representative (DPR) or Tuition Refund Coordinator (TRC) within 30 days of receiving official grades. **Refunds are not payable unless you have a prior completed and approved "Approval to Participate in the Tuition Refund Program" (Form 108.01-66A) form on file.**

SECTION A: Employee Identification and Educational Program Information					
Last Name	First Name	M.I.	Employee ID #	Department	Employee Status Code
Title of Degree/Certificate Program		Name of Educational Institution		Dept./Div./Loc.# / /	Work Phone
Major	Program Start Date	Program Approval Date (108.01-66A)	Class Start Date	Class End Date	Term/ Year

- I have not received** any non-refundable financial assistance for this educational program.
- I have received** non-refundable financial assistance (except loans) for this educational program. List scholarships, fellowships, grants, veteran's benefits, waivers, military benefits including GI Bill, employee discount or other non-refundable assistance received below.

Type of Non-Refundable Financial Assistance	Amount Awarded	Amount Applied to this Claim
<b>Total Non-refundable Financial Assistance</b>		<b>(A)</b>

**SECTION B: Tuition Refund (Attach grade reports, detailed tuition payment receipts and proof of financial assistance/ awards)**

To be completed by the Employee							Departmental Use Only			ERD (ASD) Use Only	
Course Number	Complete Course Title	Course Type★ (U,G,O)	Cost per Credit Hour	Credit Hours	Grade	Tuition Paid to School	Tuition Paid to School (Exclude non-compensable fees)	Approved Course and payment?	DPR/ TRC Initials	Tuition Paid to School	ERD Initials
						\$	\$	Yes / No		\$	
						\$	\$	Yes / No		\$	
						\$	\$	Yes / No		\$	
						\$	\$	Yes / No		\$	
★U – Undergraduate, G – Graduate, O-Other							<b>Total (B)</b>	\$		\$	
Non-refundable financial aid applied to this tuition claim from (A) above <sup>(A)</sup>							\$			\$	
Net Tuition Refund Payable per A.O. 7.4 (B-A) X 50%							\$			\$	

I attest that the above information is true and correct and I understand that failure to strictly comply with the financial disclosures and misrepresentation of any information regarding this claim shall result in a denial of tuition refund, and may result in criminal prosecution and/or disciplinary action up to, and including dismissal from the County. I also understand that the County will audit tuition refund claims.

Employee Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION C: For Departmental Use Only	SECTION D: For Human Resources (ASD) Use Only
I reviewed this tuition refund application and the employee continues ____ /has failed ____ to meet the requirements stipulated in A.O. 7-4 to be eligible for tuition refund. (In the event the employee fails to meet the requirements, provide a brief explanation). I approve ____ /do not approve ____ payment of tuition refund for this claim.	Refund disbursement approved ____ /not approved ____ (If not approved, explain reasons for disapproval)
_____ Department Director or Designee Signature	_____ Processed By
_____ Print Name	_____ Print Name
_____ Date	_____ Date

# Workflow to File Claim for Tuition Refund

